## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I  (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			76				•	RATE	FEE	) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			36 minus 20=		. 76			X\$ 9=	.144	JR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		' 0			X40=	- , ' · ·	OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=	_	OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	"0" in column 2			TOTAL	199	OR	TOTAL	
	CI	LAIMS AS A	MENDED - PART II			شششند.				, ,	OTHER	THAN
		(Column 1)	(Column 2) HIGHEST			(Column 3)				OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 53	Minus	**	36	= /7		X\$ 9=	153	OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	3	<u>= 0</u>		X40=		OR	X80=-	
(3)	upds	NIATION OF M	OLDER DE	ENDEN	L CFS/IA			+135=		OR	+270≡ 	
	(Column 1) (Column 2) (Column 3)								15.3	OR	ADDIT FEE	306
		CLAIMS.		HIG	HESTA	。 《元·新发集》	12		ADDI		State Control	ADDA
ENT B		REMAINING AFTER AMENDMENT			VIBER IOUSLY DEOR	PRESENT." EXTRA	1	RATE	TIONAL FEE			TIONAL
AMENDMENT	Total		Minus 🔭					X\$ 9=		OR	X\$18≡	
MEI	Independent	•	Minus	***		= 1, 2, 3,		X40=		OR	X80 <b>≘</b>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=			070	
l	,			* ***		-		+135= TOTAL		OR	+270=*/ TOTAL	
				•				ADDIT. FEE		OR	ADDIT. FEE	4.
<u> </u>		(Column 1) CLAIMS	1		ımn 2) HEST	(Column 3)	١.					
S N		REMAINING AFTER		NUI PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT C	Total	*	Minus ,	**	SPOR.	=		X\$ 9=	FEE	OR	X\$18=	FEE
	Independent	•	Minus	***		=	]	X40=	***		X80=	270.00
	FIRST PRESENTATION OF MULTIPLE DEPEND				IT CLAIM		]	7,10-	<u> </u>	OR	7.00-	
								+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
1		nber Previously Pa					er fou	and in the app	propriate bo	x in co	olumn 1.	